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Commission on the Status of Women
Fifty-third session
2-13 March 2009
Item 3 (a) (i) of the provisional agenda*
Follow-up to the Fourth World Conference on Women and to the twenty-third special session of the General Assembly, entitled "Women 2000: gender equality, development and peace for the twenty-first century": implementation of strategic objectives and action in critical areas of concern and further actions and initiatives: the equal sharing of responsibilities between women and men, including caregiving in the context of HIV/AIDS

Statement submitted by Fundación para Estudio e Investigación de la Mujer, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN.6/2009/1.

08-64110 (E) 210109 220109

Statement*

The unequal status of women continues to fuel the HIV/AIDS epidemic

The worldwide feminization of the HIV/AIDS epidemic is undeniable. The number of new infections is rising most sharply among women, especially those in the 15-24 age group. While in many regions, including Latin America, there are still more men than women with AIDS, because men were infected first and remain sick, alongside newly infected persons, the growth of the epidemic is now being driven more by the infection of young women, as reflected in the ratio of men to women with HIV/AIDS, which has shown a marked decline. In Argentina, figures for 2008 show that the male to female ratio for AIDS cases stands at 2.3 to 1, whereas in 2000 it was 4 to 1.

This feminization of the epidemic means that there is a greater need for programmes to prevent mother-to-child transmission, not only to protect the child from being born with HIV but also to keep the mother well so that both can enjoy life together. Women also bear the brunt of the responsibility for caring for sick male family members as well as attending to their own care. In addition to free, public and accessible health services, the situation therefore requires the provision of social services to support the home care of HIV/AIDS sufferers; dietary support for the women and their families; and, above all, non-discrimination to ensure their access to decent work and respect for all their rights, especially sexual and reproductive rights.

Fundación para Estudio e Investigación de la Mujer

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* The present document is being issued without formal editing.

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Statement submitted by Radin Institute for Family Health Education and Promotion, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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08-64160 (E) 200109

Statement*

The chronic care model for HIV/AIDS: Shared and equal responsibilities for women and men

Because of advances in treatment of HIV infection, people with HIV/AIDS can live longer and have healthier lives. However, better survival is associated with increased prevalence of HIV complications, adverse effects of the drugs used to treat HIV, and concurrent medical co-morbidities. These long-term complications demand a different approach to HIV infection in the context of chronic diseases rather than of infectious diseases, which usually respond to short-term interventions.

Effective management of HIV/AIDS as a chronic disease requires an integrated system of interventions at the level of the clinical services, the community supports for those clinical services, and the individual patient and their care givers. The HIV/AIDS care needs a major shift from a reactive, acute-illness approach to a system in which informed, proactive male and female patients and their care-givers have shared responsibilities and interact with health care teams. The equal sharing of responsibility for women and men should be integrated into all six components of the HIV/AIDS chronic care model.

1- Community resources and policies refer to the need to mobilize community resources to meet patient needs. This principle also reflects the importance of encouraging both men and women to participate in effective community programmes, the need for Governments to form partnerships with civil societies, and the role of advocacy in improving patient care, while recognizing the equality of responsibilities for men and women.

2- Health system organization of health care prioritizes creation of organizations and systems, at both international and national levels, that promote safe, high-quality care and consider equal roles for men and women in HIV/AIDS care. Governments should work toward comprehensive system change, provide incentives to improve quality of care, and develop systems for coordinating care across organizations based on the gender equity strategies.

3- Self-management support encompasses activities that empower and prepare patients to manage their health care. This component reflects the patient's central role in care and treatment and stresses use of self-management support strategies, including assessment, goal setting, action planning, problem solving, and follow-up. At this level, capacity-building initiatives are needed to enhance both female and male care-givers access to a better knowledge about HIV/AIDS and what these initiatives can do for an efficient and effective self-management plan for the patient.

4- Delivery system design should ensure delivery of patient-centered clinical care and self-management support. The system should promote a culturally-competent definition of roles for men and women in chronic care of HIV/AIDS among care givers and the clinical care team.

* Issued without formal editing.

5- Decision support increases the capacity of the clinical team and promotes care that is consistent with scientific evidence and patient preferences. Decision support should use proven methods of HIV/AIDS care and mutual responsibilities of men and women as a patient and a care giver.

6- Clinical information systems should use data to facilitate effective care based on shared responsibilities of men and women. Data systems monitor the performance of the care system and provide reminders for both providers and patients. They also facilitate case planning and provide information necessary for coordinating care among patients and care givers.

Several report and studies indicate that there is an unequal sharing of care-giving responsibilities in the context of HIV/AIDS in all countries, regardless of level of development. Women and girls have major responsibilities for care of people living with HIV /AIDS and for children orphaned by HIV/AIDS. We urge all Governments to establish and improve their policy on care-giving in the context of HIV/AIDS and to undertake measures that ensure equality of responsibilities in care giving among men and women.

Targeting men's involvement in care-giving is essential. It requires changes in norms and beliefs in the communities. Therefore, programs are needed to educate men and boys to encourage them to be more involved in care-giving activities and domestic work. They should be educated about the unfairness of gender inequity. This education should be incorporated with positive images of men in non-traditional roles and teach them skills in care giving activities. Such skills could be taught in schools and also through community outreach.

The media has an enormous role in establishing social norms and beliefs. Thus, gender stereotypes should be replaced by images with positive messages, such as promoting positive male and female role models around family life and showing both parents active in family care-giving and domestic work.

We recognize all complexities inherent in HIV/AIDS care-giving and in sharing responsibilities of care-giving for men and women, but we believe that a system-based approach would put this issue at the centre of national and international policies.

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Statement submitted by International Association of Schools of Social Work, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN.6/2009/1.

08-64189 (E) 200109

Statement*

We applaud and support the courageous women around the world who are both victims and heroines in the devastation being wreaked by HIV/AIDS. We urge Member States to step up their efforts to create balance in the burden of care for those who suffer from HIV/AIDS, related mental and physical illnesses, and for the caregivers themselves.

Women as Victims

Women are victimized by the HIV/AIDS pandemic in multiple ways. In many countries around the world, women and girls have little power in their sexual relationships. In some cultures it is believed that having sex with a virgin can cure AIDS, placing girl children at great risk. A shocking number of girls are introduced to sex by rape or incest, and remain powerless as they grow into adulthood. A recent report by UNAIDS reveals that three-quarters of those who are infected in the 15-24 age range are females. Even as adults, research shows that most women contract the disease from their husbands and partners, while remaining faithful in monogamous relationships. If they ask for condom use, they can be at risk of abuse and violence. Further, women who suffer from HIV/AIDS can be stigmatized and socially shunned through no fault of their own. Out of fear and humiliation, they often suffer silently through the pain and loneliness as the disease progresses. Poor women are especially vulnerable to becoming infected and succumbing to death, for lack of information, support and access to medication.

Women often fight the lonely vigil of caring for their children long after they themselves have become infected. Mothers with young children are an especially vulnerable group who must make plans for their children in case of their demise. Research shows that in many developing countries, women do not have access to counseling to discuss their situation. Nor do they have a voice in who will raise their children after their death.

Although traditionally, children were absorbed into the paternal family, increasingly, the maternal relatives—primarily maternal grandmothers and aunts—are raising the orphaned children. But these women are overburdened, caring for many orphans because so many mothers have died. The few who are living cannot support them.

Mothers who suffer from AIDS fear that their children will be robbed of the material inheritance that they may leave for their children. Under guise of tradition and caring for the children, neighbors and even family members seize their property in a despicable practice called 'property grabbing'. Women seldom have the means to make succession plans to designate guardians for their children and to will their property. Some children remain in child-headed households, end up on the streets or are exploited in child labour, including in prostitution. Social workers working in these challenging contexts know too well that girls and women are victimized, not only sexually and physically, but also socially and emotionally. But women are not just victims.

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Women as Heroines

Women are also the valiant heroes in the HIV/AIDS pandemic. They are the girls who, while watching their parents decline in health and productivity, care for the younger children and often become the head of the household. They are the grandmothers who raise multiple grandchildren when their own health and stamina are waning. Instead of being cared for by their children in old age, they find themselves in the reverse situation, of caring for their sick children and/or the children they leave behind. They are the aunts that, in addition to their own children and despite their own poverty, take in their nieces and nephews and love and care for them. They are the neighbors who share their meagre resources with the child-headed household next door. Women are the heroines who defy the odds and care for others while experiencing great hardship themselves.

However, caring for others has its costs. The girl who is caring for her sick parents or younger siblings is not attending school. She does not have time for age-appropriate developmental activities. Robbed of her own childhood or adolescence, she has been relegated to the class of women who will be marginalized in her own society, due to lack of education or marketable skills. When girl children already lag behind boys in school enrollment and attendance, the girl who is burdened with caring for her family faces multiple barriers to a successful transition to self-sufficiency and dignified life.

Caring for orphaned children—the 13 million who have lost one or both parents due to AIDS—falls typically to female-headed households. These are already stretched thin in terms of resources and adults available to care for children. The grandmothers who care for their grandchildren often face tremendous difficulties. Research has firmly established that they suffer from problems of ill health, lack of resources, and lack of knowledge to negotiate parenting with a different generation than their own. Aunts too, experience resource scarcity, challenges to their parenting, issues within their own families related to raising kin children, and even social stigma attached to HIV/AIDS.

Recommended Action Priorities for Member States

As social work educators around the globe who train professionals to work with these vulnerable populations, the International Association of Schools of Social Work calls on Member States to adhere to the principles of human rights enshrined in the Universal Declaration of Human Rights, the Convention on the Rights of the Child, and the Convention on the Elimination of All Forms of Discrimination Against Women. By so doing, political will can make balancing the burden of care for those suffering from HIV/AIDS a national priority.

First, we urge Member States to continue their efforts to establish and strengthen a health system that can directly address the AIDS pandemic, by creating effective measures to prevent, treat and support those suffering from HIV/AIDS. Prevention should include the following:

- Education regarding children's rights and women's rights to be free from sexual abuse and assault.
- Recognizing that early diagnosis is key to helping victims live a productive life even after HIV infection, we call for community-based outreach, such as door-to-door testing, as has been done successfully in Uganda.

- We call on resourced nations to fully meet their pledges to the Global AIDS, TB and Malaria fund, as well provide bi-lateral assistance.
- We call on all nations to tackle this issue with full intent and energy.
- We urge Member States to focus particularly on serving women who suffer from HIV/AIDS, understanding their various needs such as their need to care for young children, and to help in planning for their future.

Second, we call on Member States

- To step up the campaign to encourage sexual responsibility and equality between the genders. Parity in relationships is an important subject that should be built into the educational curriculum early on. Research shows that typically, one man infects a number of women, due to culturally accepted mores and the culturally imbedded lack of women's ability to be assertive about safe sex. Changing customs to empower girls and women takes time, but this type of campaign has taken root in various parts of the world with positive results. The media should be involved, in collaboration with governments and NGOs, to change the perception that women should not be equal in relationships, sexual or otherwise.

Third, we urge Member States

- To promulgate and support policies and programmes that help equalize the caring burden within each household. For example, children - both boys and girls - should be supported in attending school rather than caring for their sick parents.
- This should be a priority so that children are not victimized to become the next generation of citizens without the resources to live a productive life. While it is noble to care for those who are sick, gender-based expectation that the responsibility of care falls only on women places an undue burden on them and places impediments to their economic and social activities.

Finally, we urge Member States

- To provide material assistance and respite care for caregivers of those who suffer from HIV/AIDS and related diseases, and for those who care for orphaned children. We affirm that it is the responsibility of Governments, communities, and family members - both men and women - to shoulder the responsibility of care. Community-based care should utilize both men and women in their efforts to address the needs of individuals and families.